

Annapolis Police Department



Personal History Statement

Position: _____

Joseph S. Johnson
Chief of Police

PERSONAL HISTORY STATEMENT

TABLE OF CONTENTS

Instructions for Completing the Personal History Statement	1
Mandatory Papers and Documents	2
Steps in the Process	3
Personal Information	6
Family Information	7
Children and Dependents	8
Prior Residences	9
Foreign Languages	9
Employment Information	10
Educational Information	11
Driving Information	12
Financial Information	14
Arrest/Criminal Information	15
Drugs/Narcotics and Prescriptions	16
Military Information	17
Law Enforcement Agencies	18
References	19
Certified Applicant Questionnaire	20
Statement of Eligibility	22
Authorization for Release of Personal Information	23
Signature Page	24
Credit Report Notice	25

THIS IS NOT AN APPLICATION FOR EMPLOYMENT

INSTRUCTIONS FOR COMPLETING PERSONAL HISTORY STATEMENT

This document must be completed **PRINTED IN BLACK INK ONLY** by the applicant, and EACH question answered fully and accurately. If a question does not apply to you, write "N/A" (not applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application.

The completion of this document is mandatory to receive consideration for appointment:

* All statements are subject to verification

* This Personal History Statement must be completed and returned to the applicant investigator when notified

If you have any questions, contact your assigned applicant investigator through the Annapolis Police Department at (410) 268-9000.

If you need more writing space to answer or explain in greater detail, use a separate sheet of lined, 8-1/2" x 11" paper. Identify your answer and/or explanation to the related question by numbering the response to coincide with the number located in the upper left corner of each question block.

It is recommended that you read through the entire Personal History Statement and gather the requested information prior to completion.

HONESTY and ACCURACY are vital.

MANDATORY PAPERS AND DOCUMENTS

It is mandatory that all applicants provide originals and copies of the following applicable documents and submit them with the completed Personal History Statement.

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ High School Diploma or G.E.D.
- ☐ College Transcripts
- ☐ Driver's License
- ☐ Selective Service Card
- ☐ DD-214(s) for each period of military service
- ☐ Naturalization Certificate
- ☐ Court Orders including, but not limited to divorce, marriage certificate, legal separation, name change, and bankruptcy
- ☐ Maryland Police Training Commission Certificate Card

Original documents will be reviewed and returned to you. Copies will remain in your file.

Selection & Training Section

Steps in the Process

This form is to explain the process for the position listed above. The steps of the process are as follows:

Written Exam

Pre-Screening Interview

Physical Ability Exam (Police Only)

Background Investigation

Polygraph (Police/CSO)

Oral Interview

Physical Exam

Psychological Exam (Police/CSO/PCO)

The entire process requires at least (8) eight visits to the Annapolis Police Department or related appointments. All appointments will be Monday through Friday between the hours of 8:00 AM and 4:00 PM. The Physical Ability Exam may be held on a Saturday or Sunday.

After you have taken the written exam it will be graded and you will be notified of your results. You will be given a **Physical Ability Booklet**, (non certified officers only), and a **Personal History Questionnaire**. If you have passed the exam you will then be scheduled to take the **Physical Ability Exam**. It will be at least six weeks after the test so that you may prepare. Begin exercising now. You will also be given a **Personal History Questionnaire** to complete. Read each question carefully before you answer. The questions must be answered thoroughly. If you have a question about what you should answer for a particular question, answer it, and we will discuss it later. **Information that is misleading or omitted is highly scrutinized and evaluated.** You will then be scheduled for a **Pre-Screen Interview**, where you will go over your **Personal History Questionnaire** for completeness, with the Background Investigator. There are Documents listed on page three of the **Personal History Questionnaire** that you **must** bring with you. You must bring the **Original Documents and one copy**, the Investigator will put the copies in your file. ******Failure to return a complete Personal History Questionnaire with the needed Documents will result in your application being set aside****** If you are currently or have been in the past, a **POLICE OFFICER**, you also need to pick up the **“Certified Questionnaire”**, and have it completed when you come back for the Pre-Screening interview.

***** NOTICE *****

*****If at any point in the hiring process you are notified that you are no longer in consideration for the position or that you were not selected for the position, You must re-apply in the next or future process to be considered again for the position. Applications are not used again, they are only valid for the current process.*****

Personal History Statement

Please print or type all information

Personal Information

Social Security No. _____

Full Name (Last, First, Middle) _____

Alias/Nick Names _____

Maiden Name _____

Full mailing address: _____

Legal Address (if different from mailing address) _____

E-mail Address (if available) _____

Home Telephone Number(s) _____

Other Telephone Number(s) _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color _____ Eyes Color _____

Marks/Scars/Tattoo(s) _____

Citizenship: _____ U. S. Citizen If U.S. Citizen, _____ by birth _____ by naturalization

_____ Alien Alien Registration Number _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Spouse Full Maiden Name: _____

Date Married: _____ Place of marriage: _____

Family Information

Mother's Full Name: _____

Address _____

Telephone No. _____
//

Father's Full Name: _____

Address _____

Telephone No. _____
//

If you were raised by anyone other than your natural parents, please provide the following;

Full Name: _____

Address _____

Telephone No. _____
//

Brother/Sister's Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____
//

Brother/Sister's Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____
//

Brother/Sister's Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____

Children and Dependents

Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____

Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____

Full Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Address _____

Telephone No. _____

Other parent of each child listed above:

Name

Address

Telephone #

Are you receiving or responsible for paying any court ordered child support? Yes___ No___

To/From Whom	Name of Child	Amount

Prior Residences

List prior residences for the past ten years:

Foreign Languages

Do you speak and/or read any foreign languages? (Yes) _____ (No) _____

Language	Read			Write			Speak		
	Excel	Good	Fair	Excel	Good	Fair	Excel	Good	Fair

State why you have applied for a position with this department:

Employment Information

(please start with current employer and go back)

Date of employment: From _____ To _____

Company/Firm/Agency _____

Address: _____

Telephone Number(s) _____

Position: _____ Supervisor _____

Reason for Leaving: _____
//

Date of employment: From _____ To _____

Company/Firm/Agency _____

Address: _____

Telephone Number(s) _____

Position: _____ Supervisor _____

Reason for Leaving: _____
//

Date of employment: From _____ To _____

Company/Firm/Agency _____

Address: _____

Telephone Number(s) _____

Position: _____ Supervisor _____

Reason for Leaving: _____
//

Have you ever been fired (terminated) from any employment for any reason? ___ Yes ___ No

If yes, explain: _____

Have you ever received any disciplinary action from any employer for any reason? ___ Yes ___ No

If yes, explain: _____

Driving Information

Driver's License No. _____ State: _____

Check the types of insurance coverage which you carry on your automobile(s)

☐ Liability ☐ Collision ☐ Medical ☐ Property damage ☐ Comprehensive [fire, theft, etc.]

Have you ever been licensed in another state? ☐ Yes ☐ No. If yes, list state(s)

Has your license or registration ever been suspended, cancelled, revoked, refused? If yes, explain

☐ Yes ☐ No : _____

Have you ever let someone else use your license for any reason? If yes, explain ☐ Yes ☐ No

Have you ever been involved in a "Hit and Run" accident? If yes, explain ☐ Yes ☐ No

Have you ever been stopped or arrested for driving under the influence of alcohol and or drugs?
If yes, explain ☐ Yes ☐ No

Have you ever driven while your personally felt that you had too much to drink? If yes, explain
☐ Yes ☐ No

Have you ever taken someone's vehicle without their permission? If yes, explain ☐ Yes ☐ No

Have you ever committed a crime involving a motor vehicle? If yes, explain ☐ Yes ☐ No

Year: ____ Make _____ Model: _____ Tag # _____ State: _____

Year: ____ Make _____ Model: _____ Tag # _____ State: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Date: _____ Violation: _____

Location: _____ Police Agency: _____

Financial Information

Do you currently hold active or silent controlling interest in any company?

___ Yes ___ No

Do you now have, or have you ever had any wage garnishments?

___ Yes ___ No

Have you ever been found delinquent on income or other tax payments? Include only those situations where your delinquency was discovered and brought to your attention before you actually made payment.

___ Yes ___ No

Do you currently have, or have you ever had a court ordered financial judgement?

____ Yes ____ No

Have you ever had any real or personal property repossessed?

____ Yes ____ No

Have you ever filed for bankruptcy or utilized a wage earner's plan?

____ Yes ____ No

If you answered **YES** to any of the above questions, please explain.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Arrest/Criminal Information

Have you ever been arrested?	_____ Yes	_____ No
Have you ever been convicted of an offense?	_____ Yes	_____ No
Are you now, or have you ever been placed on probation?	_____ Yes	_____ No
Are you now or have you ever been the defendant in any civil action?	_____ Yes	_____ No
Have you ever committed or taken part in a crime?	_____ Yes	_____ No
Are you currently on bail or probation for any offense?	_____ Yes	_____ No
Have you ever been caught attempting to shoplift?	_____ Yes	_____ No
Have you ever switched price tags on any merchandise before buying?	_____ Yes	_____ No
Have you ever injured anyone in a fight?	_____ Yes	_____ No
Have you ever exposed your genitals in a public place for sexual gratification?	_____ Yes	_____ No
Have you ever been involved in any manner, and/or accused of child molestation?	_____ Yes	_____ No
Since the age of 18, have you ever engaged in any sexual activity with anyone under the age of 18?	_____ Yes	_____ No
Have you ever been accused of any form of domestic violence?	_____ Yes	_____ No
Have you ever taken someone's vehicle without permission?	_____ Yes	_____ No
Have you ever committed a crime involving a motor vehicle?	_____ Yes	_____ No
Have you ever participated in the harassment and or stalking of anyone?	_____ Yes	_____ No

If you answered yes to any of the above, please explain: _____

Drugs/Narcotics and Prescriptions

Complete with respect to any use you have had of the following illegal drugs or narcotics

DRUG/NARCOTIC	DATE 1st USED	DATE LAST USED	MAX No. OF TIMES
Marijuana			
Hashish			
PCP			
Angel Dust			
THC			
Peyote			
Mescaline			
Mushrooms			
Heroin			
Cocaine			
Qualudes			
Uppers			
downers			
Tranquilizers			
Amphetamines			
Ecstasy (XTC)			
Preludin			
Speed			
Inhalants			
Methamphetamine			
Opium			
Steroids			
LSD			
Methadone			

List any type of illegal drug, narcotic, or other substance(s) you have used, to include prescription drugs not prescribe for you, for the purpose of getting “high” or changing your emotional state.

Have you ever manufactured, brought, sold, distributed, or given away any type of illegal drug or narcotic?

☐ Yes ☐ No

Military Information

List your service or selective service number: _____

List any active military service:

Dates Served From _____ to _____

Branch: _____

Type of Discharge: _____ Discharge Date: _____

Are you now, or have you ever been a member of any militia? ☐ Yes ☐ No

While in the military, have you ever received any disciplinary actions? ☐ Yes ☐ No

Have you ever received other than an honorable discharge from the military? ☐ Yes ☐ No

Do you belong to any organization and/or adhere to any belief which would in any way:

Restrict you from conforming to Departmental standards of appearance and or grooming? ☐ Yes ☐ No

Restrict or prohibit you from working on particular days or hours? ☐ Yes ☐ No

Prohibit you from taking a human life, if your life, or the life of an innocent person was threatened with great bodily harm or deadly force? **(POLICE ONLY)** ☐ Yes ☐ No

Limit or prohibit your use of weapons or firearms? **(POLICE ONLY)** ☐ Yes ☐ No

If yes to any of the above questions, please explain in detail:

Do you feel that you could take a human life if your life, or the life of an innocent person was threatened with great bodily harm or deadly force? ☐ Yes ☐ No

Are you now, or have you ever been a member of a private militia group? ☐ Yes ☐ No

Have you ever been involved in any racist, fascist, or terrorist activity? ☐ Yes ☐ No

Law Enforcement Agencies

Have you ever filed an application for employment with the Annapolis Police Department before?

Yes _____ No _____ If YES, when _____

List all Law Enforcement Agencies, Fire Departments, Correctional Facilities and Protective Agencies with which you have applied for employment. (Include but not limited to all federal, states, or local agencies, whether in or outside of Maryland)

<u>Agency</u>	<u>Position Applied For</u>	<u>Date</u>
<u>Status</u> [] Accepted [] Rejected [] Pending	<u>Reason for not being selected</u>	

<u>Agency</u>	<u>Position Applied For</u>	<u>Date</u>
<u>Status</u> [] Accepted [] Rejected [] Pending	<u>Reason for not being selected</u>	

<u>Agency</u>	<u>Position Applied For</u>	<u>Date</u>
<u>Status</u> [] Accepted [] Rejected [] Pending	<u>Reason for not being selected</u>	

<u>Agency</u>	<u>Position Applied For</u>	<u>Date</u>
<u>Status</u> [] Accepted [] Rejected [] Pending	<u>Reason for not being selected</u>	

(Use blank pages for additional information)

Reference Information

Please provide information on six references, **NOT** related by marriage, or blood, **NOT** former employers, and who are **NOT** mentioned elsewhere in this booklet, who have known you for at least five years.

Name: _____

Years known _____

Address _____

Phone No. _____

E-mail _____

Name: _____

Years known _____

Address _____

Phone No. _____

E-mail _____

Name: _____

Years known _____

Address _____

Phone No. _____

E-mail _____

Name: _____

Years known _____

Address _____

Phone No. _____

E-mail _____

Name: _____

Years known _____

Address _____

Phone No. _____

E-mail _____

ANNAPOLIS POLICE DEPARTMENT
SELECTION & TRAINING SECTION

CERTIFIED APPLICANT QUESTIONNAIRE

Please answer all of the following questions with either YES or NO, and place your signature on the second page.

- _____ 1. Have you ever accepted a gratuity having a single value of five dollars (\$5.00) or more?
- _____ 2. Have you ever accepted graft or payoff in any form?
- _____ 3. Have you ever stolen anything of value from a crime scene?
- _____ 4. Have you ever seized an evidence or contraband that you did not turn in?
- _____ 5. Have you ever stolen anything of value while on duty as a Police Officer?
- _____ 6. Have you ever used unnecessary physical force as a Police Officer?
- _____ 7. Have you ever used physical force in the interrogation of a suspect or prisoner?
- _____ 8. Have you ever had a complaint filed against you?
- _____ 9. Have you ever, through negligence on your part, destroyed or damaged Departmental property?
- _____ 10. Have you ever "looked the other way" to avoid the reporting of the commission of a crime?
- _____ 11. Have you ever voided a traffic citation as a favor to someone?
- _____ 12. Have you ever been insubordinate to a higher ranking officer?
- _____ 13. Have you ever been under the influence of any type of alcoholic beverage while on duty or while operating a police vehicle (whether on duty or not)?
- _____ 14. Have you ever slept while on duty?
- _____ 15. Have you ever engaged in any type of sexual activity while on duty?

____16. Have you ever used your status as a Police Officer for any kind of personal gains?

____17. Have you ever shot or killed anyone while on duty?

____18. Have you ever deliberately falsified a police report?

____19. Have you ever tampered with evidence in any way to make a case better or worse?

____20. Have you ever placed false evidence on a person you were arresting?

____21. Have you ever discharged a weapon while on duty for other than official reasons?

____22. Have you ever spread false rumors about a fellow Police Officer?

____23. Have you ever failed to report a crime because of a friendship or relationship with the person involved?

____24. Have you ever seen another officer accept or solicit a bribe or gratuity of any nature?

If you answered yes to any of the above questions, give a detailed explanation of each incident on a separate piece of paper.

APPLICANT SIGNATURE

SIGNATURE OF WITNESS

DATE

DATE

APPLICANT DATE OF BIRTH

APPLICANT Soc Sec #

Statement of Eligibility

**for the
Annapolis Police Department**

I am within six (6) months of my 21st birthday

I am a citizen of the United States

I have graduated from high school or have obtained a State issued GED certificate

I possess a valid driver's license

I have not been convicted of any felony crimes

I have not received a dishonorable discharge from the military

**I have not used, tried or experimented with any illegal drug or narcotic within the
past 12 months**

**I have not sold, offered for sale, induced or attempted to induce any person in the
use of any illegal drug or narcotic**

My signature below certifies that as of this date, I am able to meet the preliminary selection standards listed above
for employment as a Police Officer with the Annapolis Police Department

Signature

Date

Police Department



410) 268-9000
(410) 269-6963

199 TAYLOR AVENUE
ANNAPOLIS, MARYLAND 21401

FAX (410) 268.9472

TDD (410) 268.1844

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby , authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Annapolis Police Department/ City of Annapolis Government, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature..

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions. including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and /or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records, real and personal property records and other financial statements and records where-ever filed; records of complaint, arrest, trial and/or convictions for alleged wheresoever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and. emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Annapolis Police Department /City' of Annapolis Government to consider in determining my suitability for employment by that Department. It is my specific intent provide access to personal information, copies of that information, however personal or confidential it may appear to be, and the sources of information specifically identified herein..

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be determining my suitability for employment by Annapolis. Police Department /City of Annapolis Government.

I also agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees. from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me a photocopy of this release form will be valid as an original hereof. even though the said photocopy does not contain an original writing of my signature.

Applicant Signature

Witness Signature

Applicant Date of Birth

Printed Name of Witness

Police Department



199 TAYLOR AVENUE
ANNAPOLIS, MARYLAND 21401

410) 268-9000

(410) 269-6963

FAX (410) 268.9472

TDD (410) 268.1844

SIGNATURE PAGE

I understand that if information should surface during any stage of this investigation which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified accordingly.

I further understand, that if no contact has been made between myself and this Department regarding this application for a period of one year, that my name may be removed from consideration and that I must re-apply as a new applicant thereafter.

I affirm that this questionnaire contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material which would knowingly make me ineligible. I further understand, that during the investigation, if any information discovered as not factual, I will become ineligible for the position applied for and will not be eligible for any other positions with the Annapolis Police Department.

Applicant Signature

Witness Signature

Date

Date

Police Department



199 TAYLOR AVENUE
ANNAPOLIS, MARYLAND 21401

410) 268-9000
(410) 269-6963
FAX (410) 268.9472
TDD (410) 268.1844

NOTICE CONCERNING PERSONAL CONSUMER CREDIT REPORTS

The Annapolis Police Department/ City of Annapolis intends to obtain copy of your personal consumer credit report from a credit reporting agency. The information contained in the credit report will be considered in determining your suitability for employment with the Annapolis Police Department/City of Annapolis. In order to obtain a copy of your personal consumer credit report for employment purposes, the Annapolis Police Department/City of Annapolis must obtain your written authorization.

PERMISSION TO OBTAIN PERSONAL CONSUMER CREDIT REPORT

I, _____, do hereby authorize a duly authorized agent of the Annapolis Police Department/City of Annapolis to obtain a copy of my personal consumer credit report to be used in determining my suitability for employment with the Annapolis Police Department/City of Annapolis. The intent of this authorization is to give my consent for full and complete disclosure of any records contained in my credit report, whether said records are of a public, private or confidential nature, and regardless of whether the information released may be derogatory in nature. I further understand that before the Annapolis Police Department/City of Annapolis takes any adverse action, including the denial of employment, based at least in part on information contained in my credit report, I will first be provided with a copy of my credit report and the Federal Trade Commission's Consumer Rights Notice, in accordance with the federal Fair Credit Reporting Act.

Applicant Signature Date

Witness Signature Date

Applicant DOB Soc Sec #

Printer Name of Witness